Only

PAGE 1 / 12 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Val Demings for U.S. Senate PO Box 536926 ADDRESS (number and street) (Check if address is changed) Orlando 32853 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS demings@mbacg.com (Check if address is changed) Optional Second E-Mail Address compliance@valdemings.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.valdemings.com (Check if address is changed) DATE 2022 C00590489 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Lee, Lauren, Decot, , Type or Print Name of Treasurer Lee, Lauren, Decot, , [Electronically Filed] 10 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the car information below.)	ndidate
	Name of Candidate Demings, Val, , ,	
	Party Affiliation DEM Sought: House Senate President	State FL District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.)	) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	ization
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fun committee. (i.e., nonconnected committee)	id or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC Form 1	1 (Revised 02/2009)	Page <b>3</b>
٧	Vrite or Type Comm	mittee Name	
	Val Demi	nings for U.S. Senate	
6.		onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leas S Victory Fund	idership PAC Sponsor
	Mailing Address	611 Pennsylvania Avenue SE Suite 143	
		Washington   DC   20	003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Rec	ccords: Identify by name, address (phone number optional) and position of the person in pos ds.	session of committee
		Fleming, Ryan, , ,	
	Full Name		
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	
		Washington DC 200	003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	▼	
	Assistant Treasure	rer Telephone number	
8.		he name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	ne name and address of
	Full Name	Lee, Lauren, Decot, ,	
	of Treasurer		
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	
		Washington DC 20	003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	▼	
	Treasurer	Telephone number	

FEC Form 1 (	Revised 02/2009)		Page <b>4</b>
Full Name of Pull Name Agent	Fleming, Ryan, , ,		
Mailing Address	611 Pennsylvania Avenue SE		
	Washington	DC 200	03
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasurer		phone number	
Banks or Other Do safety deposit boxe	epositories: List all banks or other depositories in which the s or maintains funds.	committee deposits funds, h	olds accounts, rents
Name of Bank, Dep	pository, etc.		
[	TD Bank		
Mailing Address	4675 South Kirkman Road		
	Orlando	FL 328	11
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	pository, etc.		
L.	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC     2000	
	Washington CITY ▲	DC 2000 STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

(g) or (h). <b>Joint Fundraisi</b> i	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected Blue Senate Can	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	600 Pennsylvania Ave SE #15180		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	Fundraising Representa	Leadership PAC Sponso
E II Nove I			
Full Name	1		
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY ▲		
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m	CITY A  Te  pries: List all banks or other depositories in which the	STATE ▲ lephone Number	ZIP CODE 🛦
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	CITY  Te  pries: List all banks or other depositories in which taintains funds.  Sboro Bank	STATE ▲ lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected Florida Senate V	I Organization, Affiliated Committee, Joint Fuictory 2022	ndraising Representativ	ve, or Leadership PAC Spons
Mailing Address	120 Maryland Ave NE		
Relationship:	Washington CITY ▲	DC STATE A	20002 ZIP CODE <b>A</b>
Designated Agent: Identi	Affiliated Committee X J  fy by name, address (phone number – optional)	oint Fundraising Represen	tative Leadership PAC Spo
Designated Agent: Identi			tative Leadership PAC Spo
Designated Agent: Identi			tative Leadership PAC Spo
Designated Agent: Identi			tative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Spo
Designated Agent: Identi  Full Name   Mailing Address	fy by name, address (phone number – optional)		
Designated Agent: Identi  Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Relationship:	CITY A	STATE		IP CODE ▲
Relationship:			▲ Z	IP CODE ▲
Relationship:				IP CODE ▲
Relationship				
	Foxboro	MA MA	02035	
	ı Foxboro	ı ı MA	02035	
	Sie IUI			
	Ste 101			
	Ste 101		<u> </u>	
	Ste 101		<u> </u>	
	Ste 101			
	Eovhoro	NA A	. 02025	
	Foxboro	ı ı MA	02035	1 1
	Foxboro	, , , MA	02035	. [_]
	Foxboro		02035	
Polationship		OTATE		
	ted Organization Affiliated Committee	oint Fundraising Repres		dership PAC Sp
Inclinated Assess 13	St. by name address (steers a subsequent of			
Designated Agent: Iden	ify by name, address (phone number – optional)	)		
	ify by name, address (phone number – optional)			
Designated Agent: Iden	ify by name, address (phone number – optional)			
Full Name	tify by name, address (phone number – optional)	)		
	tify by name, address (phone number – optional)			
Full Name	ify by name, address (phone number – optional)			
Full Name	ify by name, address (phone number – optional)			
Full Name	tify by name, address (phone number – optional)			
Full Name				
Full Name   _   _   Mailing Address	CITY			CODE A
Full Name	CITY			CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Van Hollen Demir	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	910 17th St NW		
•	Ste 925		
	Washington	DC	20006
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   CITY   To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected  DSCC FL NC OH	Organization, Affiliated Committee, Joint Fundral PA Victory 2022	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	120 Maryland Ave NE		
		Washington	, DC	20002
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			Fundraising Representa	
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
		CITY ▲	STATE A	ZIP CODE ▲
			SIAIL	ZIF CODE A
	TITLE OR POSITION	•	ephone Number	
	TITLE OR POSITION	•	1	
9.		Tele	ephone Number	
9.	Banks or Other Depositor	Tele	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Tele	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tele	ephone Number	

FEC Form 1S (Revised 02/2017)

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Relationship:	Washington  CITY	DC STATE A	20003 ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address			
Full Name			

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraising</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
	Rosen Demings V	ictory Fund		
	Mailing Address	PO Box 15845		
	Mailing Address	C/O MBA Consulting Group		
		Washington	, DC	, 20003
	Deletienskin			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tel	ephone Number	
9.	safety deposit boxes or mai	ies: List all banks or other depositories in which tintains funds.	he committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Mailing Address			

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Majority Rising Fu	<b>nd</b>		
		611 Pennsylvania Ave SE		
	Mailing Address			
		Num 143		
		Washington	DC DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
0	Decimated Asset Identify	by some address (share symbol sational)		
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY   CITY   Tes: List all banks or other depositories in which	STATE A	
	Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Tes: List all banks or other depositories in which	STATE A	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE A	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposits	s funds, holds accounts, rents
<ol> <li>8.</li> <li>9.</li> </ol>	Full Name	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposits	s funds, holds accounts, rents
	Full Name	CITY   CITY   Tes: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposits	s funds, holds accounts, rents